



Type a plus sign (+) inside this box → [+]

DECLARATION <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket	
	First Named Inventor	OR Siu Wing
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	5 January 2004
	Group Art Unit	
	Examiner Name	

As an above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DRIVER FOR AN ULTRASONIC
TRANSDUCER AND AN ULTRASONIC
TRANSDUCER**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 5 January 2004 as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Copy Attached	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name:

Alix, Yale & Ristas, LLP

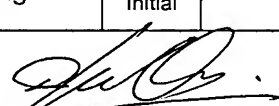
Customer Number:

002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

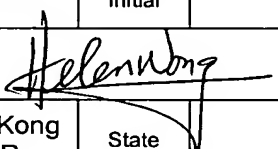
Given Name	Siu Wing	Middle Initial		Family Name	OR	Suffix	
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RESIDENCE: City	Hong Kong SAR	State		Country		Citizenship	Chinese
POST OFFICE ADDRESS	c/o The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong SAR						
City		State		Zip		Country	
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Chung Sheung	Middle Initial		Family Name	YUNG	Suffix	
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City		State		Zip		Country	
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Helen Lai Wa	Middle Initial		Family Name	CHAN-WONG		Suffix		
Inventor's Signature						Date			
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POST OFFICE ADDRESS		c/o The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong SAR							
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix		
Inventor's Signature						Date			
RESIDENCE: City		State		Country		Citizenship			
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix		
Inventor's Signature						Date			
RESIDENCE: City		State		Country		Citizenship			
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix		
Inventor's Signature						Date			
RESIDENCE: City		State		Country		Citizenship			
POST OFFICE ADDRESS									
City		State		Zip		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									